



**HUMAN RESOURCES OFFICE  
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 05-01

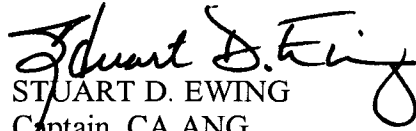
05 Jan 05

**ARMY TECHNICIAN REQUEST FOR TRAINING PROCEDURE**

1. The purpose of this instruction is to restate training policies and procedures for submitting Technician Training Requests to the Directorate for Human Resources.
2. All requests for training must be submitted to the Human Resource Office (HRO) for approval 30 days in advance of the scheduled class. Requests for training at the National Guard Professional Education Center (NGPEC) must be submitted to the HRO 90 days in advance.
3. Requests for training are submitted on DD Form 1556 (Request, Authorization, Agreement, Certification of Training and Reimbursement). DD Form 1556 is a multi purpose form used for training requests and authorization, certification of reimbursable or cost shared expenses, certification of authorized expenditures, record of training, training evaluation and continued service agreement. The DD Form 1556 must be filled out correctly; instructions for filling out a DD Form 1556 are attached to this TAAI. Courses requiring tuition must have Program of Instruction attached describing the course requested and information needed for paying for the tuition. Only the HRO may obligate funds for training; verbal or written obligations made to vendors by technicians or supervisors will not be honored for payment by the Directorate for Human Resources.
4. Technicians must submit a Request for Orders (RFO) which provides the technician's home of record and their elected mode of travel. A statement of availability must accompany the RFO if quarters and rations are not available for training on military posts. Rental cars are not authorized for technicians training at NGPEC.
5. Continuing service agreements **may** be required by supervisors for technicians attending training by, in, or through a Non-Government facility which exceeds \$1,000.00 for tuition, travel, Per Diem and materials. Technicians will agree to serve 2 years for \$1,000 - \$2,000, and agree to serve 3 years for \$2,501 - \$5,000; for amounts more than \$5,000 technicians will agree to serve 5 years. If a technician **voluntarily** leaves before the completion of service agreed upon he/she may be required to reimburse the California National Guard for the above expenses. The amount of reimbursement will be reduced on a pro-rated basis for the percentage of completion of obligated service. A sample Continued Service Agreement is attached to this TAAI.
6. Upon completion of training, technicians must submit a copy of the Certificate of Training or similar verification of completion of training to the Human Resource Office. Failure of a technician's submission of verification of completion of a course may result in denial of future requests for training.

SUBJECT: TAAI 05 - 01, dated 3 January 2005

7. Questions regarding technician training should be directed to Employee Development Specialists: Marjorie Rodriguez at 916-854-3493, DSN 466-3493, CAGNET 63493; 1SGT John Presnall at 916-854-3548, DSN 466-3548 or CAGNET 63548.



STUART D. EWING  
Captain, CA ANG

Deputy Director for Human Resources

Atch  
Sample DD Form 1556  
Instruction for DD Form 1556  
Request for Orders  
Continued Service Agreement

DISTRIBUTION:  
Army: TA

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)											
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)			B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number)			C. REQUEST STATUS OR PROCESS CODE (X one)			D. AMENDMENT NO.		
						<div style="display: flex; justify-content: space-between;"> <div>(1) Initial</div> <div>(2) Resubmission</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(3) Correction</div> <div>(4) Cancellation</div> </div>					
SECTION A - TRAINEE / APPLICANT INFORMATION											
1. NAME (Last, First, Middle Initial) TECHNICIAN, JOE			2. 1st 5 LETTERS OF LAST NAME TECHN		3. SOCIAL SECURITY NUMBER 555-55-5555		4. ED. LEVEL 1		5. CONTINUOUS FEDERAL SVC. a. Years 1    b. Months 1		
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional) XXXX XXXXXX XXXXXXXXXX XX XXXXX			7. TELEPHONE NUMBERS (Include area code) a. Home (916) 123-4567 b. Office		8. POSITION TITLE TECHNICIAN PD TITLE						
11. ORGANIZATION NAME UNIT NAME			(1) Commercial (916) 234-5678 (2) DSN 466-5678		9. POSITION LEVEL (X one) a. Executive b. Manager		10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator) GS ORWG SERIES				
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code) UNIT ADDRESS			13. ORGANIZATION UIC W8AYAA		16. ARE YOU HANDICAPPED OR DISABLED? (X one) Yes No		14. TYPE OF APPOINTMENT		15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS		
SECTION B - TRAINING COURSE DATA											
17. COURSE TITLE COMPLETE COURSE TITLE											
18. TRAINING OBJECTIVES (Benefits to be derived by the Government) BRIEFLY DESCRIBE REASON FOR COURSE						19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY a. Name ORGANIZATION PROVIDING TRAINING b. Mailing address (Include ZIP Code) MAILING ADDRESS  c. Location of training site (If other than 19b) WHERE					
20. COURSE CODES a. Purpose b. Type X c. Source X d. Special Interest e. Training						f. Security Clearance X g. Allocation Status h. Priority X i. Training Level X j. Method of Training X k. Training Program X l. Reason for Selection 23. TRAINING PERIOD (YYYYMMDD) a. Start XXXXXXXX b. Complete XXXXXXXX 21. COURSE HOURS (4 digits) a. Duty 40 b. Non-duty c. TOTAL 40 22. COURSE IDENTIFIERS a. SAID b. Catalog/Course c. Offering/TLN					
SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>											
25. DIRECT COSTS a. Tuition cost 100.00 b. Books, material, other costs c. Total direct costs 100.00 d. Funding source				26. INDIRECT COSTS (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 0.00 28. LABOR COSTS				27. ACCOUNTING CLASSIFICATION   29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)			
31. JOB ORDER NO.								30. TOTAL OF DIRECT & INDIRECT COSTS 100.00			
SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION											
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) SUPERVISOR, NAME b. Phone number (Include area code) (555) 555-5555 c. Signature & Title SUPERVISOR TITLE d. Date (YYYYMMDD) XXXXXXXX						33. TRAINING OFFICER: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) RODRIGUEZ, MARJORIE M b. Phone number (Include area code) (916) 854-3493 c. Signature & Title EMPLOYEE DEVELOPMENT SPECIALIST d. Date (YYYYMMDD)					
34. AUTHORIZING OFFICIAL a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved b. Typed Name (Last, First, Middle Initial) EWING, STUART, CAPTAIN c. Phone number (Include area code) (916) 854-3402 d. Signature & Title DEPUTY DIRECTOR FOR HUMAN RESOURCES e. Date (YYYYMMDD)						35. COURSE ACCEPTANCE (To be completed by school official) a. Accepted    b. Not Accepted    c. School Official Signature d. Date (YYYYMMDD) 36. COURSE COMPLETION (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/> b. Actual Completion Date (YYYYMMDD) c. Grade d. Signature & Title e. Date (YYYYMMDD)					
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to: JOINT FORCES HEADQUARTERS ATTN: MARJORIE RODRIGUEZ, BOX 37 9800 GOETHE ROAD, P.O. BOX 269101 SACRAMENTO CA 95826-9101						38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed (YYYYMMDD) d. DSSN Number    e. Check Number    f. Voucher Number					
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.											

## COMPLETION INSTRUCTIONS

For

DD FORM 1556

Request, Authorization, Agreement, Certification of Training and Reimbursement

DD Form 1556 will be used FOR ALL TRAINING and forwarded for approval prior to requested training date(s). You will be notified if requested training is approved or disapproved. Please be thorough and correct when completing this form. Questions can be directed to Marjorie Rodriguez, CAGNET 63493, Commercial (916) 854-3493, or AUTOVON 466-3493.

BLOCK 1	Employee's <u>full name</u> – Last, First, MI
BLOCK 3	Enter employee's SSN
BLOCK 5	Enter years and months of continuous Federal Government service
BLOCK 6	Employee's complete home address (address, city, state, zip code)
BLOCK 7a	Home telephone number
BLOCK 7b(1)	Commercial Office Telephone Number
BLOCK 7b(2)	DSN Office Telephone Number
BLOCK 8	Identify employee's current duty position title
BLOCK 9	Self-Explanatory
BLOCK 10	Enter employee's current Pay Plan/Series/Grade/Step
BLOCK 11	Employee's Organization Name
BLOCK 12	Organization Mailing Address
BLOCK 13	Enter organization's six digit UIC
BLOCK 17	Complete Course Title , Course number, Phase, Seminar number, etc
BLOCK 18	Objectives of the course (Briefly describe reason for course)
BLOCK 19a	Name of the organization providing the training
BLOCK 19b	Mailing address of organization providing the training (if known)
BLOCK 19c	Enter if location is difference from Block 19a and 19b

**BLOCK 20**                      Only need to complete Blocks b, c, f, h, i, and j

**Completion Instructions for  
DD FORM 1556**

**Request, Authorization, Agreement, Certification of Training and Reimbursement**

<b>BLOCK 20b</b>	<b>Type</b>	
	1 – Executive & management	6 – Clerical
	2 – Supervisory	7 – Trade or craft
	3 – Legal, medical, scientific, engineering	8 – Orientation
	4 – Administration & analysis	9 – Adult basic
education	5 – Specialty & technical	
<b>BLOCK 20c</b>	<b>Source</b>	
	A – US Army	S – Defense
Logistics Agcy	D – Other DoD	2 – Govt Interagency
	F – US Air Force	3 – Non Govt
Interagency	M – US Marine Corps	4 – Non Govt Off
shelf	N – US Navy	5 – State or Local
Govt		
<b>BLOCK 20f</b>	<b>Security Clearance of Employee</b>	
	N - None	S - Secret
	C - Confidential	T - Top Secret
<b>BLOCK 20h</b>	<b>Priority</b>	
needs	1 – Job requirement to meet mission related	
	2 – Job requirement to improve skills	
	3 – Desire	
<b>BLOCK 20i</b>	<b>Training Level</b>	
Undergraduate	1 – Elementary	4 – College,
Graduate	2 – High School	5 – College,
Graduate	3 – Vocational/Technical/Secretarial	6 – College, Post
	Business/Commercial/Admin	
<b>BLOCK 20j</b>	<b>Method of Training</b>	
	1 – OJT (Formal)	6 – Directed Study

(Resident) site)	2 – Rotation of Work Assignment	7 – Classroom
	3 – Seminar	8 – Classroom (On
	4 – Conference/meeting/symposium	9 – Test Equivalency
	5 – Correspondence	
BLOCK 21a-c	Self-Explanatory	
BLOCK 23a-b date	Training Period – DO NOT INCLUDE TRAVEL TIME. Note Sequence <u>YYMMDD</u>	

**Completion Instructions for  
 DD FORM 1556  
 Request, Authorization, Agreement, Certification of Training and Reimbursement**

BLOCK 25a	Tuition Cost, if any (Cost of course charged by vendor)
BLOCK 32a-d	Employee's Supervisor's information and signature
BLOCK 33a-d	RODRIGUEZ, MARJORIE (916) 854-3493 Employee Development Specialist
BLOCK 34a-d	EWING, STUART D., CAPTAIN (916) 854-3402 Deputy Director for Human Resources
BLOCK 37	Joint Forces Headquarters ATTN: CAJS-HR-EDS (M. Rodriguez) Box 37 9800 Goethe Road – P.O. Box 269101 Sacramento, CA 95826-9101

REQUEST FOR ARNG TECHNICIAN TRAVEL ORDERS (AFCOS)					
<b>Submission Date:</b>		<b>Program Code:</b>		<b>Duty Code:</b>	
<b>Name:</b>		<b>SSN:</b>			
		<b>Phone:</b>			
<b>Duty Date(s):</b>		<b>From:</b>		<b>FAX:</b>	
		<b>To:</b>		<b>Grade/Rank:</b>	
<b>Type of TDY:</b>		<input type="checkbox"/> Site Visit <input type="checkbox"/> Meeting <input type="checkbox"/> Training <input type="checkbox"/> Other			
<b>Purpose of TDY:</b>					
<b>Place of TDY:</b>					
<b>Transportation:</b>		<input type="checkbox"/> Com Air <input type="checkbox"/> Mil Air <input type="checkbox"/> Govt Vehicle <input type="checkbox"/> POV			
<b>Rental Car Authorized:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Van			
<b>Lodging:</b>		Quarters Available <input type="checkbox"/> Yes <input type="checkbox"/> No Rations Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Converting to IDT Give dates:</b>		<b>From:</b>		<b>To:</b>	
<i>Orders must be approved by your supervisor and the Fund Manager before submission.</i>					
<b>Immediate Supervisor (Name &amp; Title)</b>					
<b>Fund Manager Approval (Capt. Stuart Ewing)</b>					
<b>CHECK APPROPRIATE BLOCK</b>					
	C0	Submission of travel voucher is required within 5 days after completion of travel. Trips cancelled must be revoked.			
	E0	Travel by commercial air is authorized. Tickets must be procured through Carlson Wagonlit travel. Tickets purchased with personal funds may not be reimbursable. Contact Carlson Wagonlit travel at: San Luis Obispo 800-350-4219 COMM: (805) 781-8344 CAGNET: 6-6444COMM FAX: (805) 781-9115			
	EA	Travel by Mil air is directed.			
	EB	Travel by Mil air is authorized.			
	EI	Travel by POV is authorized as more advantageous to the government.			
	EJ	Government vehicle is available. Use of POV limited to \$.285/mile reimbursement.			
	EK	Mileage reimbursement and per diem limited to constructive cost of common transportation and related per diem IAW JFTR. Travel time is limited as indicated in JFTR.			
	EI	In and around mileage authorized.			
	F0	Travel by government vehicle is directed. If government vehicle is not available, POV is authorized. Statement of non-availability is required.			
	F1	Travel by government vehicle is directed.			
	FA	Rental car is authorized as primary mode of transportation.			
	FC	Rental car limited to compact or economy rate.			
	GC	Use of government quarters & mess would adversely affect the unit's mission. Quarters and rations are not available.			
	G4	Duty location not a government installation. Use of government quarters not required. Rations are/are not available.			
	G7	Report to billeting to determine availability of government quarters and rations. Confirmation of non-availability is required to support non use of government quarters and rations where normally available.			
	G8	Meals and billets furnished at no cost to the individual. Per diem authorized at residual rate only.			
	GF	Government quarters are available and government mess is not available.			
	GH	This conference is covered by the GSA Conference Lodging Allowance Rule. Conference attendees utilizing the conference hosting hotel may be reimbursed up to 25 % above the applicable locality lodging portion of the per diem rate.			
	HM	Reimbursement authorized for official government telephone calls.			
	R0	Excess baggage is authorized.			
	R3	Reimbursement of registration fee is authorized.			
	S2	Delay en-route authorized.			
	S3	Individual resides within reasonable commuting distance. Travel & per diem not authorized IAW JFTR.			
	S5	Personal travel in conjunction with official travel is authorized.			
	S7	Variation of itinerary necessary for mission accomplishment is authorized.			
	T0	Traveler has or is eligible for a government charge card. ATM advance is limited to M&IE plus miscellaneous expenses. government credit card ATM transaction fee (3.0%) is reimbursed on DD Form 1351-2 under miscellaneous expenses.			
	T3	All travelers are reminded that under Public Law 105-264, use of the government travel card is mandatory for all lodging expenses, and other authorized TDY expenses incurred by the traveler unless the traveler is exempt.			
	T6	Failure to adhere to travel card guidelines may result in suspension and/or cancellation of the travel card.			
Revised HRO/sde/June04					

**CALIFORNIA NATIONAL GUARD  
TECHNICIAN  
CONTINUED SERVICE AGREEMENT FOR TRAINING**

1. I agree that upon completion of the California National Guard sponsored training described in this agreement, I will serve as a full-time member of the California National Guard Technician Program at least 2 years for tuition, per diem, books, materials, registration and other fees with totals between the range of \$1000.00 - \$2500.00, and agree to serve 3 years for \$2501.00 - \$5000.00; for amounts more than \$5000.00 I agree to serve 5 years after completion of such training.

2. If I voluntarily terminate my full-time employment with the California National Guard, prior to completing the period of service agreed upon, I agree to reimburse the California National Guard for the tuition, travel, per diem, books, materials, fees and other related expenses, paid in connection with this training. However, the amount of reimbursement will be reduced on a pro-rated basis for the percentage of completion of the obligated service.

3. I understand that any amounts which may be due the California National Guard as a result of any failure on my part to meet the terms of this agreement, may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

4. I further agree to obtain approval from the Human Resource Office, responsible for authorizing training requests of any proposed change in my approved training program, involving course and schedule changes, withdrawals or uncompleted courses, and increased costs.

5. I understand that this agreement does not in any way commit the California National Guard to continue my employment.

6. Course Title: \_\_\_\_\_

7. Scheduled Dates of Attendance: \_\_\_\_\_

8. Training Facility: \_\_\_\_\_

9. Projected costs associated with training.

a. Tuition: \_\_\_\_\_ b. Travel: \_\_\_\_\_

c. Per Diem: \_\_\_\_\_ d. Books and Materials: \_\_\_\_\_

e. Registration Fees: \_\_\_\_\_ f. Other Related Expenses (excluding salary): \_\_\_\_\_

g. Total Costs: \_\_\_\_\_

10. The period of obligated service for training described in this agreement is from \_\_\_\_\_ to \_\_\_\_\_.

Technician Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

HR Representative Signature \_\_\_\_\_

Date \_\_\_\_\_